

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, noted.

PLACE OF BIRTH		ADOPTION		ARIZONA STATE BOARD OF HEALTH	
1. County of	Gila,	BUREAU OF VITAL STATISTICS		State Index No. 144	
District of	Globe,	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. 296	
Town of		NAME ADDED BY SUPPLEMENT		Local Registrar No.	
or		No.		St. Ward	
City of	Globe,	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
2. Full name of child		Leral Marc Claridge			
3. Sex of Child	Male.	4. Twin, triplet or other		6. Legitimate	
To be answered ONLY in event of plural births.		5. No., in order of birth		No.	
				7. Date of birth	4 14 1924
				Month	day year
8. FATHER		14. MOTHER			
Full name		Full maiden name		Imogene De Weese,	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)		Globe,	
If nonresident, give place and state		If nonresident, give place and state			
10. Color or race		16. Color or race		White,	
11. Age at last birthday (Years)		17. Age at last birthday (Years)		17	
12. Birthplace (city or place) (State or country)		18. Birthplace (city or place) (State or country)		Knymon County, Kansas,	
13. Occupation Nature of industry		19. Occupation Nature of industry		Housewife	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living I		21. Were precautions taken against ophthalmia neonatorum? Yes	
		(b) Born alive but now dead			
		(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated.					
(Born alive or stillborn.)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.					
Signature L. E. Wightman (Physician or midwife)					
Address Globe, Ariz.					
Given name added from supplemental report					
Month, day, year.					
Filed 4-20-24 B. G. Jia					
Filed 5-3-24 B. G. Jia					
Registrar.					
Local Registrar.					
County Registrar.					

735-414-945